



AGENT AUTHORIZATION

BUSINESS INFORMATION

*Business Name _____ DBA _____

*Business Account Number(s) _____
 (Please list **each** account number - Attach additional sheet if necessary)

AGENT INFORMATION

*Name _____

*Address _____

*Phone Number _____ FAX Number _____

E-Mail Address _____

This agent is authorized to sign the *Declaration by Assessee* on the Business Property Statement for the current filing year.

This authorization entitles the agent to:

- Submit the Business Property Statement (R&T Code 441)
- Amend the Business Property Statement (R&T Code 441 (i))
- Request copies (R&T Code 443.1)
- Review current year assessment with Assessor staff

While we have delegated the above authority to this agent, we understand that we may be required to furnish additional information upon request.

TAXPAYER INFORMATION

*Signature _____ *Date _____
 (Signature of **owner or corporate officer of the business**)

*Printed Name _____ *Title _____

*Phone Number _____ FAX Number _____

E-Mail Address _____

This authorization is effective January 1, 2024 through December 31, 2024.

NOTE: DOES NOT CONSTITUTE ADDRESS CHANGE FORM. SEE SEPARATE INSTRUCTIONS TO CHANGE STATEMENTS, CORRESPONDENCE AND ASSESSMENTS TO BE MAILED.

*Required Field